

DEPARTMENT OF VETERANS AFFAIRS



CERTIFICATE OF LESSONS COMPLETED

(Chapters 30, 32, and 35, Title 38, U.S.C.; Chapter
1606, Title 10, U.S.C., and Section 903, Public Law
96-342)

FOR VA USE ONLY

VA FILE NUMBER	PAYEE	TYPE TRNG.
FACILITY CODE	NUMBER LESSONS AUTHORIZED	

IMPORTANT

1. Read all instructions before completing this form.
2. If damaged or lost ask VA for another form.

PRIVACY ACT INFORMATION: No further monies may be paid under this program unless this form is completed and filed as required by existing law and regulations (38 U.S.C. 3680). The information requested on this form will be used to determine continuing eligibility for benefits and the proper amount payable. The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-442-4551 for mailing information on where to send your comments.

INSTRUCTIONS TO STUDENT

IF YOU ARE ENROLLED AND PURSUING YOUR COURSE - DO NOT use this form unless you are due payment for one or more lessons completed and sent to the school through the last date shown in Item 2. (We will send a new form at the end of the next quarter). To receive payment check box "A" in Item 1 and enter in Item 4A the total number of lessons you have completed and forwarded to the school from the date you started this course. Payments are based on the number of lessons completed by you and serviced by the school. Any lessons completed by you, but not yet serviced by the school will be included in your payment for the quarter in which the lessons are reported as serviced by the school.

IF YOU ARE NO LONGER ENROLLED - Check the applicable box "B" or "C" in Item 1 and enter in Item 4A the total number of lessons you have completed and forwarded to the school from the date you started this course through the date you completed or terminated your course.

WHERE TO SEND THE FORM - Sign and date the form in Items 8A and 8B. Include your telephone number in Item 8C. Send it promptly to the school for their certification. (If the school furnished you an ID number, enter it in Item 4B). Your check will be mailed to the address shown above after receipt of school's certification.

ADDRESS CHANGES - If you are changing your address permanently, neatly line out your address and print your new address in the remaining space. Be sure to show your ZIP Code.

INSTRUCTIONS TO SCHOOL

IF STUDENT IS STILL ENROLLED AND PURSUING THE COURSE - Check "YES" in Item 3 and enter in Item 6 the total number of lessons serviced from the date student started this course through the ending date of the period to be certified.

IF STUDENT IS NO LONGER ENROLLED - Check "NO" in Item 3 and enter the date the last lesson serviced in Item 5. In Item 6 enter the total number of lessons serviced from the date the student started this course through the date shown in Item 5.

REMARKS - Report any exceptions to the student's certification in Item 7. Sign and date the certification in Item 9A and 9B and send to the VA office shown above.

1. COURSE PARTICIPATION (<i>Check applicable box</i>) A. <input type="checkbox"/> I WAS PURSUING THE COURSE APPROVED BY B. <input type="checkbox"/> I COMPLETED MY COURSE C. <input type="checkbox"/> I TERMINATED MY COURSE		2. PERIOD TO BE CERTIFIED	3. IS STUDENT STILL ENROLLED <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "NO," complete Item 5</i>)
4A. TOTAL NUMBER OF LESSONS COMPLETED TO DATE	4B. SCHOOL IDENTIFICATION NUMBER	5. IF TERMINATED OR COMPLETED ENTER DATE LAST LESSON SERVED	6. TOTAL NUMBER OF LESSONS SERVICED TO DATE
7. REMARKS			
I certify THAT the above entries are true and all advance payment check was delivered to the student and, if applicable, the 85-15% ratio requirements were met for this student's course of study.			
PENALTY - willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.			
8A. SIGNATURE OF STUDENT		8B. DATE	8C. TELEPHONE NO. <i>(Including Area Code)</i>
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL			9B. DATE SIGNED